

TO: COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS

Date

9-16-04

CLAIM FOR REFUND

Claim for refund of Permit and other fees paid, as provided by applicable ordinances establishing Building Code; Plumbing Code; Sanitary Sewer and Industrial Waste Ordinance; Electrical Code; Mechanical Code.

Claim is hereby made for the refund of \$ 593.82, which is eighty percent (80%) of the fee paid (\$ 742.27) for the permit or other service shown below. (Check one only.)

☒ BUILDING PERMIT

☐ ELECTRICAL PERMIT

☐ REGISTRATION FEE, CONTRACTOR

☐ GRADING PERMIT

☐ PLAN CHECK FEE, BLDG. & SAFETY

☐ REGISTRATION FEE, JOURNEYMAN

☐ PLUMBING PERMIT

☐ SEWER-SEWAGE DISPOSAL PERMIT

☐

☐ FEE FOR INSPECTION & RECORD PLANS

☐ FEE FOR SPECIAL STUDY

☐ FEE FOR PROCESSING SEWER EASEMENT

☐ PLAN CHECK FEE, SANITARY SEWERS

☐ PLAN CHECK FEE, INDUSTRIAL WASTE FACILITIES

☐ FEE FOR PROCESSING REIMBURSEMENT JOBS

Permit No. 040702013 Receipt No. 13000024241 Date Issued 7-2-04

Job Number or Job Address 22813 Doble Ave Inglewood 90502

I hereby certify that no work was commenced or done under the permit or receipt issued and that the information written above is true and correct to my best knowledge and belief, and that this claim is justly due and has not been paid.

CLAIMANT Veronica P. [Signature]

Address 22813 Doble Ave Torrance CA 90502

STREET

CITY

ZONE

Claimant to fill in all necessary spaces above this line

I hereby certify that all the terms and conditions of the applicable ordinances governing refunds have been strictly and fully complied with, and this refund is APPROVED.

APPROVED BY [Signature] DISTRICT

(District Engineer or Other Supervisor)

The original copy of the permit or receipt issued must be attached to and made a part of this claim.

TO: COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS

Date 9-16-04

CLAIM FOR REFUND

Claim for refund of Permit and other fees paid, as provided by applicable ordinances establishing Building Code; Plumbing Code; Sanitary Sewer and Industrial Waste Ordinance; Electrical Code; Mechanical Code.

Claim is hereby made for the refund of \$ 38.58, which is eighty percent (80%) of the fee paid (\$ 48.60) for the permit or other service shown below. (Check one only.)

☐ BUILDING PERMIT

☐ ELECTRICAL PERMIT

☐ REGISTRATION FEE, CONTRACTOR

☐ GRADING PERMIT

☐ PLAN CHECK FEE, BLDG. & SAFETY

☐ REGISTRATION FEE, JOURNEYMAN

☒ PLUMBING PERMIT

☐ SEWER-SEWAGE DISPOSAL PERMIT

☐

☐ FEE FOR INSPECTION & RECORD PLANS

☐ FEE FOR SPECIAL STUDY

☐ FEE FOR PROCESSING SEWER EASEMENT

☐ PLAN CHECK FEE, SANITARY SEWERS

☐ PLAN CHECK FEE, INDUSTRIAL WASTE FACILITIES

☐ FEE FOR PROCESSING REIMBURSEMENT JOBS

Permit No. 0107020006 Receipt No. 18000024243 Date Issued 7-2-04

Job Number or Job Address 22813 Double Ave Torrance 90502

I hereby certify that no work was commenced or done under the permit or receipt issued and that the information written above is true and correct to my best knowledge and belief, and that this claim is justly due and has not been paid.

CLAIMANT Victor L. Segura

Address 22813 Double Ave Torrance CA 90502

STREET

CITY

ZONE

Claimant to fill in all necessary spaces above this line

I hereby certify that all the terms and conditions of the applicable ordinances governing refunds have been strictly and fully complied with, and this refund is APPROVED.

APPROVED BY [Signature] DISTRICT _____
(District Engineer or Other Supervisor)

The original copy of the permit or receipt issued must be attached to and made a part of this claim.

TO: COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS

Date 9-17-04

CLAIM FOR REFUND

Claim for refund of Permit and other fees paid, as provided by applicable ordinances establishing Building Code; Plumbing Code; Sanitary Sewer and Industrial Waste Ordinance; Electrical Code; Mechanical Code.

Claim is hereby made for the refund of \$ 86.00, which is eighty percent (80%) of the fee paid (\$ 107.50) for the permit or other service shown below. (Check one only.)

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|--|---|--|
| <input type="checkbox"/> BUILDING PERMIT | <input checked="" type="checkbox"/> ELECTRICAL PERMIT | <input type="checkbox"/> REGISTRATION FEE, CONTRACTOR |
| <input type="checkbox"/> GRADING PERMIT | <input type="checkbox"/> PLAN CHECK FEE, BLDG. & SAFETY | <input type="checkbox"/> REGISTRATION FEE, JOURNEYMAN |
| <input type="checkbox"/> PLUMBING PERMIT | <input type="checkbox"/> SEWER-SEWAGE DISPOSAL PERMIT | <input type="checkbox"/> |
| <input type="checkbox"/> FEE FOR INSPECTION & RECORD PLANS | | <input type="checkbox"/> FEE FOR SPECIAL STUDY |
| <input type="checkbox"/> FEE FOR PROCESSING SEWER EASEMENT | | <input type="checkbox"/> PLAN CHECK FEE, SANITARY SEWERS |
| <input type="checkbox"/> PLAN CHECK FEE, INDUSTRIAL WASTE FACILITIES | | <input type="checkbox"/> FEE FOR PROCESSING REIMBURSEMENT JOBS |

Permit No. 0421020010 Receipt No. 12000034343 Date Issued 7-2-04

Job Number or Job Address 22513 Noble Ave

I hereby certify that no work was commenced or done under the permit or receipt issued and that the information written above is true and correct to my best knowledge and belief, and that this claim is justly due and has not been paid.

CLAIMANT VINCENT F. SERVEIX

Address 3812 DOLE AVE TERRANCE A 90502

Claimant to fill in all necessary spaces above this line

I hereby certify that all the terms and conditions of the applicable ordinances governing refunds have been strictly and fully complied with, and this refund is APPROVED.

APPROVED BY _____ DISTRICT _____

(District Engineer or Other Supervisor)

The original copy of the permit or receipt issued must be attached to and made a part of this claim.